



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SARA VASQUEZ

SECRETARY

JAMES BARGER

COMMISSIONER

SHAN LEE

COMMISSIONER

February 4, 2013

Joanne G. Ainsworth

Alfred Ainsworth

Gervais School of Performing Art

HEARING ON APPLICATION FOR ANNUAL DANCE/SC **BUSINESS LICENSE ID #139612**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, February 13, 2013 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT

President

Lupe Duron

Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :.....NEWHALL SIGNAL

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....01/17/2013
2ND PUBLISHING DATE:.....01/24/2013
3RD PUBLISHING DATE:.....01/31/2013

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

ANNUAL DANCE/SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....28307 NEWHALL RANCH RD
VALENCIA, CA 91355
NAME OF APPLICANT:.....GERVAIS SCHOOL OF PERFORMING ART
JOANNE G. AINSWORTH / ALFRED
AINSWORTH
GERVAIS SCHOOL OF PERFORMING ART
DATE OF HEARING:.....02/13/2013
TIME OF HEARING:.....09:00 A.M.

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO”**

OFFICE OF THE COMMISSION:

OFFICE OF THE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 28307 NEWHALL RANCH RD, VALENCIA, CA 91355

TELEPHONE: (661) 673-3858

OWNER OF BUSINESS: JOANNE G AINSWORTH

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: GERVAIS SCHOOL OF PERFORMING ARTS

MAILING ADDRESS: _____

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control	_____	_____	_____
<input type="checkbox"/> 2. Risk Management	_____	_____	_____
<input checked="" type="checkbox"/> 3. Building & Safety	YES	08/07/12	dmiles
<input checked="" type="checkbox"/> 4. Fire Department	YES	09/14/12	dmiles
<input type="checkbox"/> 5. Public Health	_____	_____	_____
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	12/19/12	dmiles
<input checked="" type="checkbox"/> 7. Business License Commission	_____	_____	_____
<input type="checkbox"/> 8. Sheriff Department	_____	_____	_____
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	07/26/12	dmiles
<input type="checkbox"/> 10. Weights and Measures	_____	_____	_____
<input checked="" type="checkbox"/> 11. Publishing	YES	01/17/13	dmiles
<input type="checkbox"/> 12. Public Works - EPD	_____	_____	_____
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	08/08/12	dmiles

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 1707.00

ID # 139612

BUSINESS INFORMATION

Type of Business: <u>Dance</u>	Address of Business: <u>28307 Newhall Ranch Rd #3D</u> Business Telephone: <u>661-673-3858</u>	
DBA (Business Name): <u>Gervais School of Performing Arts</u>	Mailing Address: :	
Sellers Permit # (State Board of Equalization): <u>SR AR 102-239875</u>		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: <u>Joanne G. Ainsworth</u>		
Home Address: <u> </u>		
Home Telephone: <u> </u>	Cell Phone: <u> </u>	Email address: <u>nohandcandy@mac.com</u>
Social Security #: <u> </u>	Date of Birth: <u> </u>	Place of Birth: <u>Providence, RI</u>
Driver's License or State ID#: <u>CA</u>		Expiration Date: <u>01</u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: <u> </u>	Weight: <u> </u>
Hair Color: <u>Blonde</u>		Eye Color: <u>green</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 7/25/12 Applicant's Signature: [Signature]

Application taken by: llb Date: 7-25-12



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 139612

BUSINESS INFORMATION

Valencia ca 91355

Type of Business: <u>Dance</u>	Address of Business: <u>28307 Newhall Ranch Rd # 3D</u>	
DBA (Business Name): <u>Gervais School of Performing Arts</u>	Business Telephone: <u>661-673-3858</u>	
Mailing Address:		
Sellers Permit # (State Board of Equalization): <u>SR AR 102-239875</u>		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: <u>Alfred T. Ainsworth Jr.</u>		
Home Address:		
Home Telephone:	Cell Phone:	Email address: <u>onsetvideo@mac.com</u>
Social Security #:	Date of Birth: <u>4/6/1969</u> <u>Glendale</u>	Place of Birth: <u>Glendale, CA</u>
Driver's License or State ID#: <u>CA</u>		Expiration Date: <u>0</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: <u> </u>	Weight: <u> </u>
Hair Color: <u>grey/brown</u>		Eye Color: <u>blue</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 7/25/2012 Applicant's Signature: [Signature]

Application taken by: llb Date: 7-25-12

ZONING REFERRAL

I.D. #: 139612

TO: CITY OF SANTA CLARITA
COMMUNITY DEVELOPMENT/PLANNING
23920 VALENCIA BLVD., STE # 140
SANTA CLARITA, CA 91355

FROM: TREASURER TAX COLLECTOR
BUSINESS LICENSE SECTION
23757 VALENCIA BLVD
SANTA CLARITA CA 91355
FAX # (661) 945-3512

DATE: 6-5-12

TYPE OF BUSINESS(ES) Dance School

ADDRESS OF BUSINESS 28305-28307 Newhall Ranch Rd. 3D

CITY Valencia ZIP CODE 91355

NAME OF OWNER Joanne G. Ainsworth & Alfred T. Ainsworth

"DBA" Gervais ~~Dance~~ School of Performing Arts TEL. # 661-673-3858

MAILING ADDRESS _____

EXISTING USE YES (X) NO ()

USE PERMITTED IN ZONE Approved USE NOT PERMITTED IN ZONE _____
"APPROVED" "DENIED"

REMARKS Subject to MC#05-356 CoA.

[Signature]
SIGNATURE OF ZONING OFFICER

6/5/12
DATE

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 28307 NEWHALL RANCH RD 3D, VALENCIA, CA 91355

TELEPHONE: (661) 673-3858

OWNER OF BUSINESS: JOANNE G AINSWORTH

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: GERVAIS SCHOOL OFFER PERFORMING ARTS

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

REGIONAL PLANNING

SANTA CLARITA

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 7/26/12

BASIC LICENSE NO. 8298

DATE 07/26/12

IDENTIFICATION NUMBER 139612

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 28307 NEWHALL RANCH RD ~~30~~, VALENCIA, CA 91355

TELEPHONE: (661) 673-3858

OWNER OF BUSINESS: JOANNE G AINSWORTH

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: GERVAIS SCHOOL OF PERFORMING ARTS

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY

SANTA CLARITA

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: correct address 28307 Newhall Ranch Rd.
30 is not correct and needs to be left off.

SIGNATURE: 

DATE: 7/31/2012

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

✓
912-00958

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 28307 NEWHALL RANCH RD 3D, VALENCIA, CA 91355

TELEPHONE: (661) 673-3858

OWNER OF BUSINESS: JOANNE G AINSWORTH

CAL. DR. LIC.#:

GERVAIS

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: GERVAIS SCHOOL OF PERFORMING ARTS

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

WLP

536470

DATE:

8/2/12

BASIC LICENSE NO. 8298

DATE 07/26/12

IDENTIFICATION NUMBER 139612

211

RF

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006.23. 2012 IV-10000

SANTA CLARETA FIRE PREVENTION

FIRE NATIONAL

8288904055

No. 7506

P. 2

T-189 P.007

F-787

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

NRSC

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 28307 NEWHALL RANCH RD 3D, VALENCIA, CA 91355

TELEPHONE: (661) 673-3858

OWNER OF BUSINESS: JOANNE G AINSWORTH

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: GERVAIS SCHOOL OF PERFORMING ARTS

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**☒ APPROVAL☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: *J. J. [Signature]*DATE: 8-28-12

BASIC LICENSE NO. 8298

DATE 8/26/12

IDENTIFICATION NUMBER 139612

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE /SC

ADDRESS OF BUSINESS: 28307 NEWHALL RANCH RD 3D, VALENCIA, CA 91355

TELEPHONE: (661) 673-3858

OWNER OF BUSINESS: JOANNE G AINSWORTH

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: GERVAIS SCHOOL OF PERFORMING ARTS

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

TREASURER & TAX COLLECTOR

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE:  _____

DATE: 12-19-12